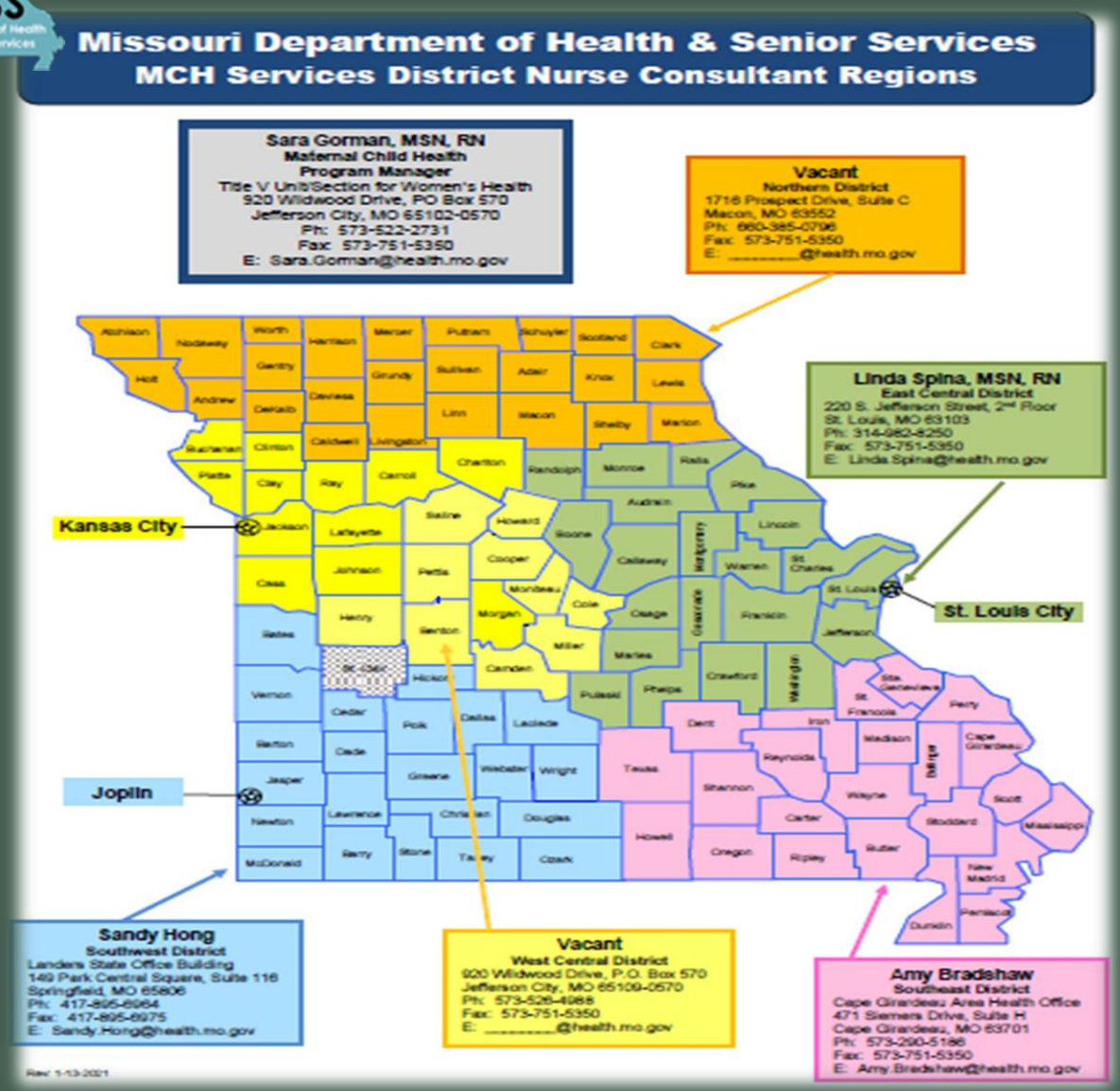
MATERNAL CHILD HEALTH SERVICES PROGRAM

FFY 2022-2026 Work Plan Meeting (virtual)

February 24, 2021



- **Martha Smith** Title V MCH Director
- **Sara Gorman** MCH Program Mgr.
- **Amy Bradshaw** Southeast DNC
- **Sandy Hong** Southwest DNC
- **Linda Spina** East Central DNC

- **West Central** – Vacant
- **Northern**- Vacant

MO TITLE V STATE NEEDS ASSESSMENT FFY 2021 - 2025

- On April 4, 2020, stakeholders both internal and external to DHSS convened for a virtual presentation and kickoff discussion
- Qualitative information was gathered from focus groups and through survey data, including both ongoing population-based surveys and surveys developed specifically for needs assessment purposes
- Quantitative data was analyzed by the MCH Epidemiology team on a range of perinatal, infant, child (including CSHCN) and maternal health indicators drawn from a broad variety of state and national data sources
    - Nearly 100 indicators were reviewed and analyzed for the needs assessment process.
    - When numbers permitted, each indicator was broken down among multiple axes, including race, ethnicity, geography, and poverty
    - Trend analysis was performed on current national and state performance and outcome measures as well as indicators of population/community health status and health system capacity

TITLE V MCH BLOCK GRANT FFY 2021 – 2025 PRIORITIES

National Priority Areas

- Improve pre-conception, prenatal and postpartum health care services for women of childbearing age
- Promote safe sleep practices among newborns to reduce sleep-related infant deaths
- Reduce intentional and unintentional injuries among children and adolescents
- Reduce obesity among children and adolescents
- Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs

State Priority Areas

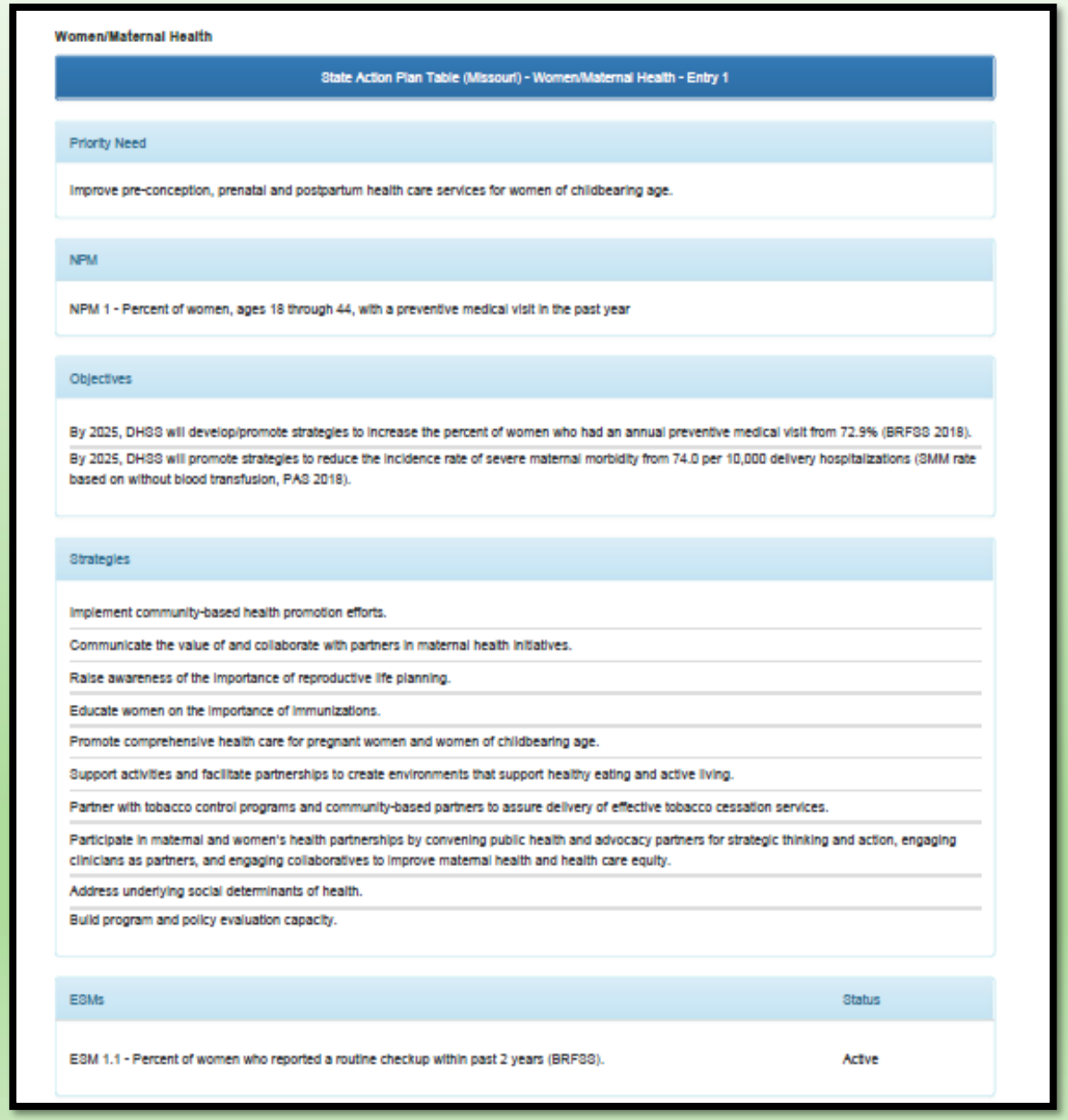
- Enhance access to oral health care services for children
- Promote protective factors for youth and families
- Address social determinants of health inequities

Overarching Principles

- Ensure access to care, including adequate insurance coverage, for MCH population
- Promote partnerships with individuals, families, and family-led organizations to ensure family engagement in decision-making, program planning, service delivery, and quality improvement activities

MISSOURI
State Action Plan

Women/Maternal Health – Entry 1



Women/Maternal Health

State Action Plan Table (Missouri) - Women/Maternal Health - Entry 1

Priority Need
Improve pre-conception, prenatal and postpartum health care services for women of childbearing age.

NPM
NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives
By 2025, DHSS will develop/promote strategies to increase the percent of women who had an annual preventive medical visit from 72.9% (BRFSS 2018).
By 2025, DHSS will promote strategies to reduce the incidence rate of severe maternal morbidity from 74.0 per 10,000 delivery hospitalizations (SMM rate based on without blood transfusion, PAS 2018).

Strategies
Implement community-based health promotion efforts.
Communicate the value of and collaborate with partners in maternal health initiatives.
Raise awareness of the importance of reproductive life planning.
Educate women on the importance of immunizations.
Promote comprehensive health care for pregnant women and women of childbearing age.
Support activities and facilitate partnerships to create environments that support healthy eating and active living.
Partner with tobacco control programs and community-based partners to assure delivery of effective tobacco cessation services.
Participate in maternal and women's health partnerships by convening public health and advocacy partners for strategic thinking and action, engaging clinicians as partners, and engaging collaboratives to improve maternal health and health care equity.
Address underlying social determinants of health.
Build program and policy evaluation capacity.

ESMs	Status
ESM 1.1 - Percent of women who reported a routine checkup within past 2 years (BRFSS).	Active

Priority Need

Improve pre-conception, prenatal and postpartum health care services for women of childbearing age.

NPM 1

Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

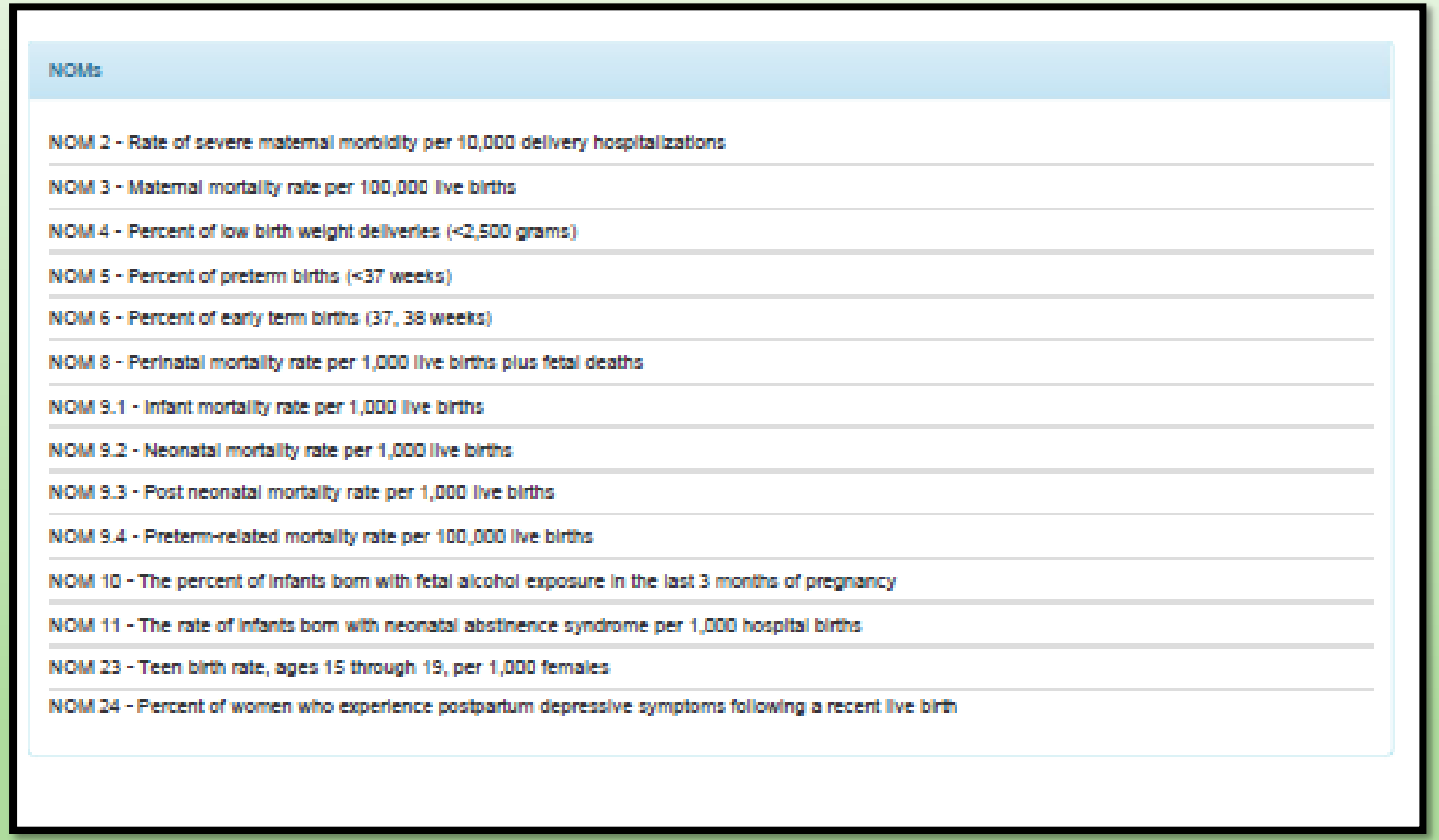
By 2025, DHSS will develop/promote strategies to increase the percent of women who had an annual preventive medical visit from 72.9% (BRFSS 2018).

By 2025, DHSS will promote strategies to reduce the incidence rate of severe maternal morbidity from 74.0 per 10,000 delivery hospitalizations (SMM rate based on without blood transfusion, PAS 2018).

ESM

Percent of women who reported a routine checkup within past 2 years (BRFSS).

Women/Maternal Health – Entry 1 (Continued)



NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy

NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

PLANNING AND DEVELOPING FFY2022-2026 WORK PLANS

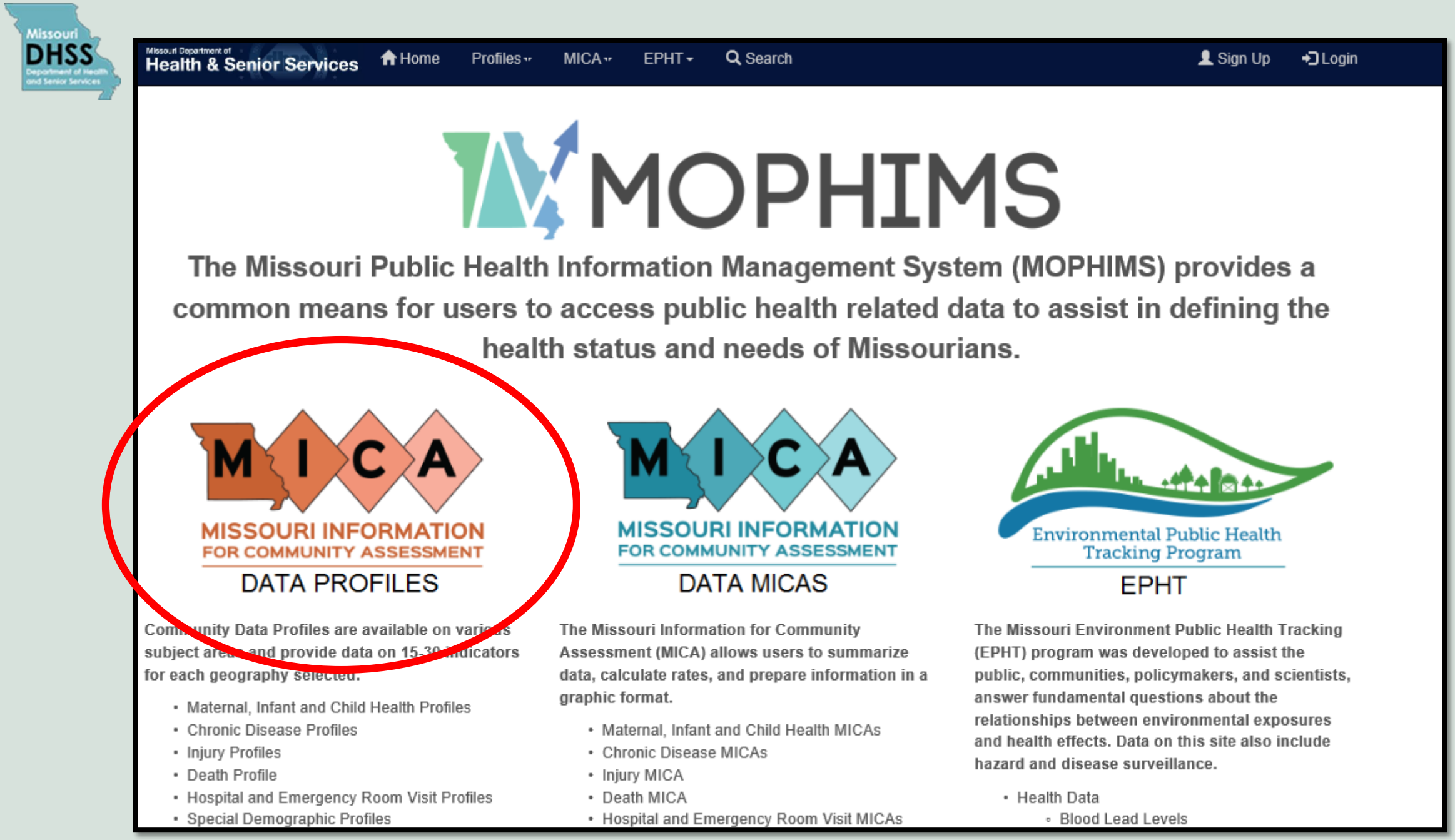
Anonymous illustrator in late 19th century Germany.
www.illusionsindex.org

What do YOU see?

Why perspective is IMPORTANT!

COMPLETING FOCUSED LOCAL ASSESSMENT

- Complete a focused local assessment of the health status, strengths, weaknesses, and needs of the MCH population in their community, based on the population domains of women/maternal, perinatal/infant, child, and adolescent, and existing health inequities and weaknesses/gaps in access to care
- Utilize the Missouri Public Health Information Management System (MOPHIMS) Missouri Information for Community Assessment (MICA) Data Profiles (specifically the Community Maternal, Infant, and Child Health Profile), local data, surveillance data and other data sources to assist in the assessment process, priority health issue and outcome measure selection, and systematic program planning
- Seek input from MCH stakeholders including families/consumers, providers, and other community partners about the issues related to local MCH program services and delivery
- Based on the findings from the focused local assessment, select at least one priority health issue (PHI) derived from the Missouri Title V MCH Block Grant FFY 2021-2025 MCH Priorities and develop a five-year (FFY 2022-2026) work plan to address the selected PHI


Missouri Department of Health & Senior Services
Home
Profiles
MICA
EPHT
Search
Sign Up
Login
MOPHIMS
The Missouri Public Health Information Management System (MOPHIMS) provides a common means for users to access public health related data to assist in defining the health status and needs of Missourians.
MICA
MISSOURI INFORMATION FOR COMMUNITY ASSESSMENT
DATA PROFILES
Community Data Profiles are available on various subject areas and provide data on 15-30 indicators for each geography selected.
Maternal, Infant and Child Health Profiles
Chronic Disease Profiles
Injury Profiles
Death Profile
Hospital and Emergency Room Visit Profiles
Special Demographic Profiles
MICA
MISSOURI INFORMATION FOR COMMUNITY ASSESSMENT
DATA MICAS
The Missouri Information for Community Assessment (MICA) allows users to summarize data, calculate rates, and prepare information in a graphic format.
Maternal, Infant and Child Health MICAs
Chronic Disease MICAs
Injury MICA
Death MICA
Hospital and Emergency Room Visit MICAs
Environmental Public Health Tracking Program
EPHT
The Missouri Environment Public Health Tracking (EPHT) program was developed to assist the public, communities, policymakers, and scientists, answer fundamental questions about the relationships between environmental exposures and health effects. Data on this site also include hazard and disease surveillance.
Health Data
Blood Lead Levels

Missouri Department of Health & Senior Services | Home | Profiles | MICA | EPHT | Search | Sign Up | Login

Community Data Profiles

Community Data Profiles are available on various subject areas such as cause of death, chronic diseases, unintentional injuries, prenatal and others. Each Community Data Profile table provides data on 15-30 indicators for each geography selected. Information provided includes the number of events, rate for the selected geography, statistical significance compared to the state, quintile ranking (for counties) and the state rate.

Maternal, Infant and Child Health Profiles

- Child Health
- Delivery
- Infant Health
- Prenatal

Chronic Disease Profiles

- Chronic Disease Comparisons
- Alcohol and Substance Use Disorder
- Diabetes
- Heart Disease
- Stroke

Injury Profiles

- Assault Injury
- Self-Inflicted Injury
- Unintentional Injury

Death Profile

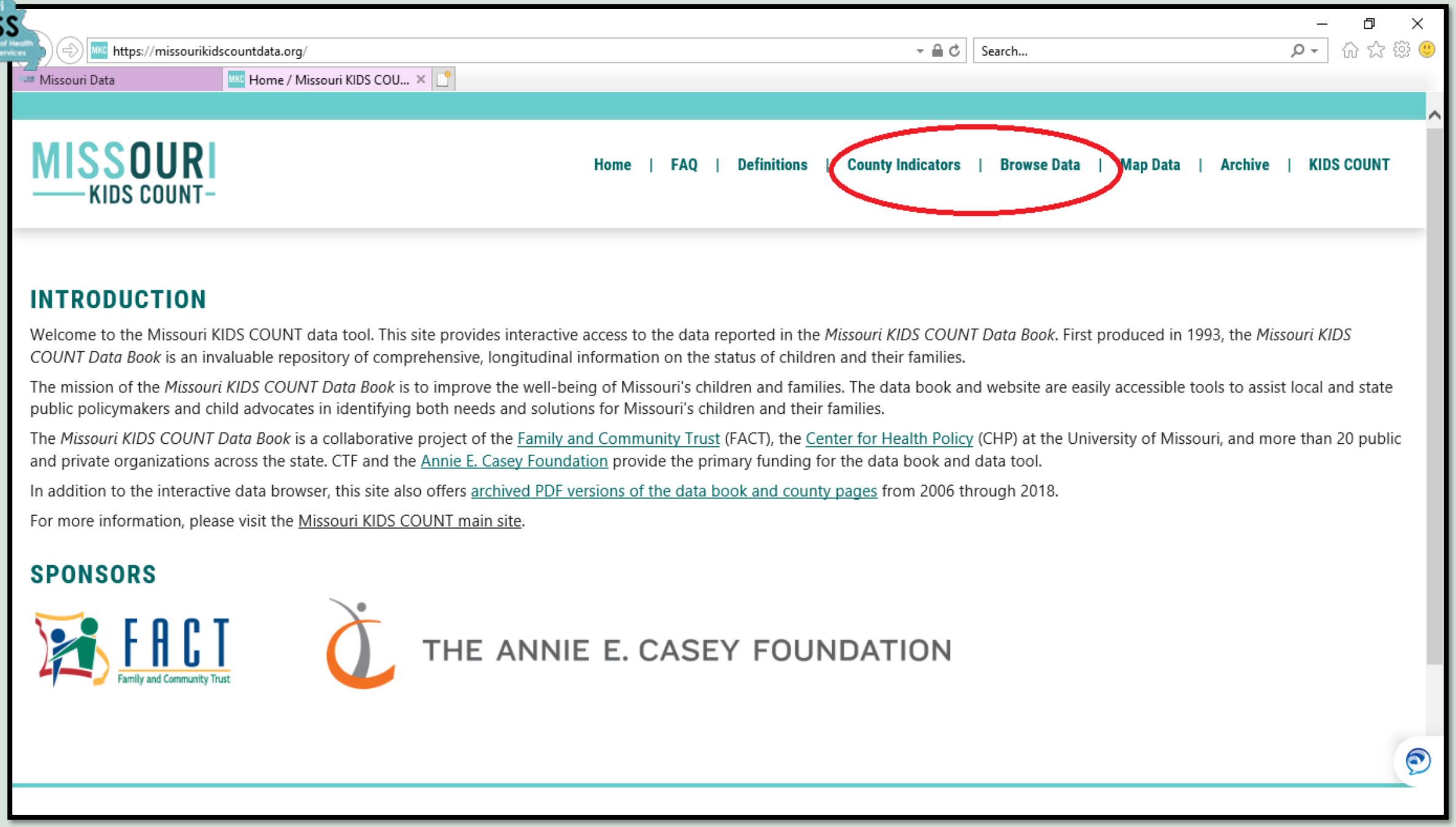
- Leading Causes of Death

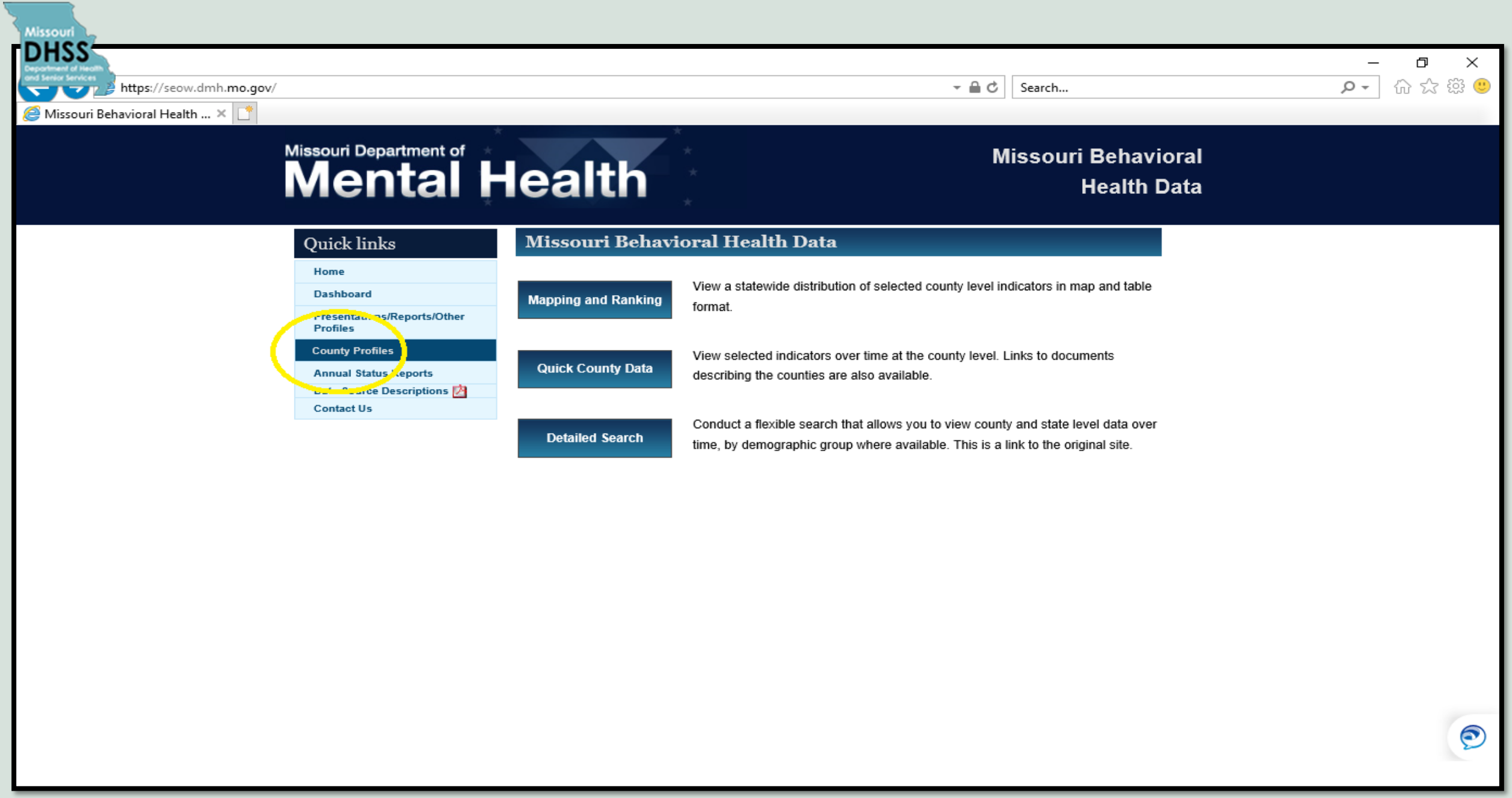
Hospital and Emergency Room Visit Profiles

- Emergency Room
- Hospital Revenue
- Inpatient Hospitalization

Special Demographic Profiles

- Minority Health
- Women's Health
- Women's Reproductive Health
- Social and Economic Indicators


https://missourikidscountdata.org/
Search...
Missouri Data
Home / Missouri KIDS COU...
MISSOURI KIDS COUNT
Home | FAQ | Definitions | County Indicators | Browse Data | Map Data | Archive | KIDS COUNT
INTRODUCTION
Welcome to the Missouri KIDS COUNT data tool. This site provides interactive access to the data reported in the Missouri KIDS COUNT Data Book. First produced in 1993, the Missouri KIDS COUNT Data Book is an invaluable repository of comprehensive, longitudinal information on the status of children and their families.
The mission of the Missouri KIDS COUNT Data Book is to improve the well-being of Missouri's children and families. The data book and website are easily accessible tools to assist local and state public policymakers and child advocates in identifying both needs and solutions for Missouri's children and their families.
The Missouri KIDS COUNT Data Book is a collaborative project of the Family and Community Trust (FACT), the Center for Health Policy (CHP) at the University of Missouri, and more than 20 public and private organizations across the state. CTF and the Annie E. Casey Foundation provide the primary funding for the data book and data tool.
In addition to the interactive data browser, this site also offers archived PDF versions of the data book and county pages from 2006 through 2018.
For more information, please visit the Missouri KIDS COUNT main site.
SPONSORS
FACT
Family and Community Trust
THE ANNIE E. CASEY FOUNDATION


https://seow.dmh.mo.gov/
Search...
Missouri Behavioral Health ...
Missouri Department of
Mental Health
Missouri Behavioral
Health Data
Quick links
Home
Dashboard
Presentations/Reports/Other Profiles
County Profiles
Annual Status Reports
Data Source Descriptions
Contact Us
Missouri Behavioral Health Data
Mapping and Ranking
View a statewide distribution of selected county level indicators in map and table format.
Quick County Data
View selected indicators over time at the county level. Links to documents describing the counties are also available.
Detailed Search
Conduct a flexible search that allows you to view county and state level data over time, by demographic group where available. This is a link to the original site.

FFY2022 Budget Worksheet

- Develop a proposed FFY 2022 contract budget using contract funds to accomplish the proposed work plan- this is due **July 31, 2021**

Google Images

PREPARING FFY 2022-2026 MCH WORK PLAN

- Develop a proposed FFY 2022-2026 Work Plan- the first draft is due to your DNC via email on or before **April 1, 2021, finalized proposed work plan due on or before June 1, 2021.**

Develop FFY 2022-2026 MCH Work Plan:

- Identification of selected PHI and targeted national, state, and/or local outcome measures
- Statement of the problem
- Goals for addressing the stated problem
- Evidence-based strategies to address the problem
- System outcomes & activities for each of the six levels of the Spectrum of Prevention for each contract year
- Identification of risk and protective factors that influence health disparities within families and community through the Life Course Perspective
- Strategies to address the identified health inequities
- Strategies to address existing weaknesses/gaps in access to care

LIFE COURSE PERSPECTIVE

- A multidisciplinary approach to understanding the mental, physical and social health of individuals, which incorporates both life span and life stage concepts that identify critical stages that can influence a an individual's lifelong health and wellbeing
- Emphasizes the importance of cumulative and long-term impacts both within an individual's life and across generations that determine an individual's health trajectory
- Recognizes both protective and risk factors that contribute to health outcomes across the span of a person's life

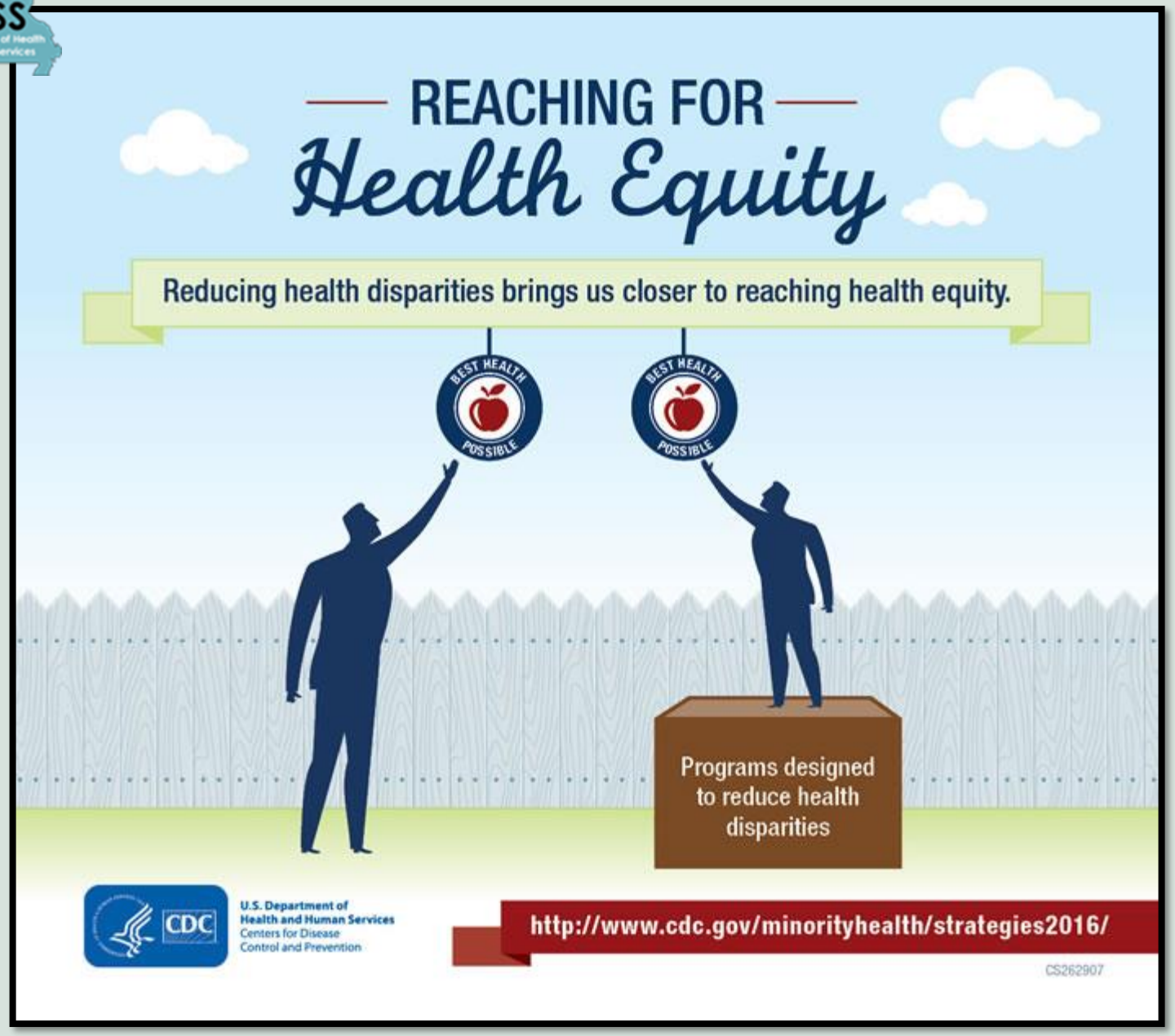
IDENTIFICATION OF RISK & PROTECTIVE FACTORS

Protective Factors

- Nurturing family
- Safe neighborhoods/communities
- Economic security
- Strong & positive relationships
- Access to quality health care services
- Access to high quality schools & early child care
- Education
- Prenatal/parenting classes
- Accessible venues for physical activity
- Access to healthy food choices
- Smoke-free environments/clean indoor air quality
- Opportunities for families to share healthy experiences

Risk Factors

- Food insecurity
- Homelessness
- Domestic violence
- Poverty
- Discrimination
- Low birth weight
- Lack of access to health services
- Youth access to tobacco
- Peer acceptance of unsafe behavior
- Weak physical education policies
- Visibility of unhealthy food choices
- Interpersonal violence



STRATEGIES TO ADDRESS HEALTH INEQUITIES

STRATEGIES TO ADDRESS HEALTH INEQUITIES

STRATEGIES TO ADDRESS GAPS IN ACCESS TO CARE

- Progressive approaches to care delivery
  - Centering pregnancy
  - Telehealth & electronic communication
  - Mobile health units
- Transportation measures
  - Multidisciplinary clinics
  - Grouping appointments
    - Multiple family members or multiple providers
- Thorough health care documentation, shared health records, and improved communication between providers and with patient/family
- "Warm" hand-off
- School-based health clinics

PREPARING FFY 2022-2026 MCH WORK PLAN

Maternal Child Health Services Contract Work Plan FFY 2022-2026

Contract Period October 1, 2022-September 30, 2026

LPHA Contractor:

Selected Priority Health Issue: (include targeted national, state, and/or local outcome measure(s) for each PHI selected)

Statement of the Problem: (include statistical data to illustrate the scope of the priority health issue in the community, potential root causes and/or other community elements that may contribute to the problem, a discussion of social determinants of health and health inequities in the community, a discussion of existing strengths/weaknesses/gaps in access to care, the unique characteristics of the populations (i.e. income/employment status, geographic location, gender, age, education attainment, and race/ethnicity, etc.), and anecdotal or descriptive elements that give a sense of the story behind the data)

Goal(s): (for addressing the stated problem based on the targeted national, state, and/or local outcome measure(s)

Evidence-Based Strategies: (include evidence-based strategies that will be used to address the problem, the identified health inequities, and the existing weaknesses/gaps in access to care)

TITLE V MCH BLOCK GRANT FFY 2021 – 2025 PRIORITIES

National Priority Areas

- Improve pre-conception, prenatal and postpartum health care services for women of childbearing age
- Promote safe sleep practices among newborns to reduce sleep-related infant deaths
- Reduce intentional and unintentional injuries among children and adolescents
- Reduce obesity among children and adolescents
- Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs

State Priority Areas

- Enhance access to oral health care services for children
- Promote protective factors for youth and families
- Address social determinants of health inequities

Overarching Principles

- Ensure access to care, including adequate insurance coverage, for MCH population
- Promote partnerships with individuals, families, and family-led organizations to ensure family engagement in decision-making, program planning, service delivery, and quality improvement activities

Statement of the Problem

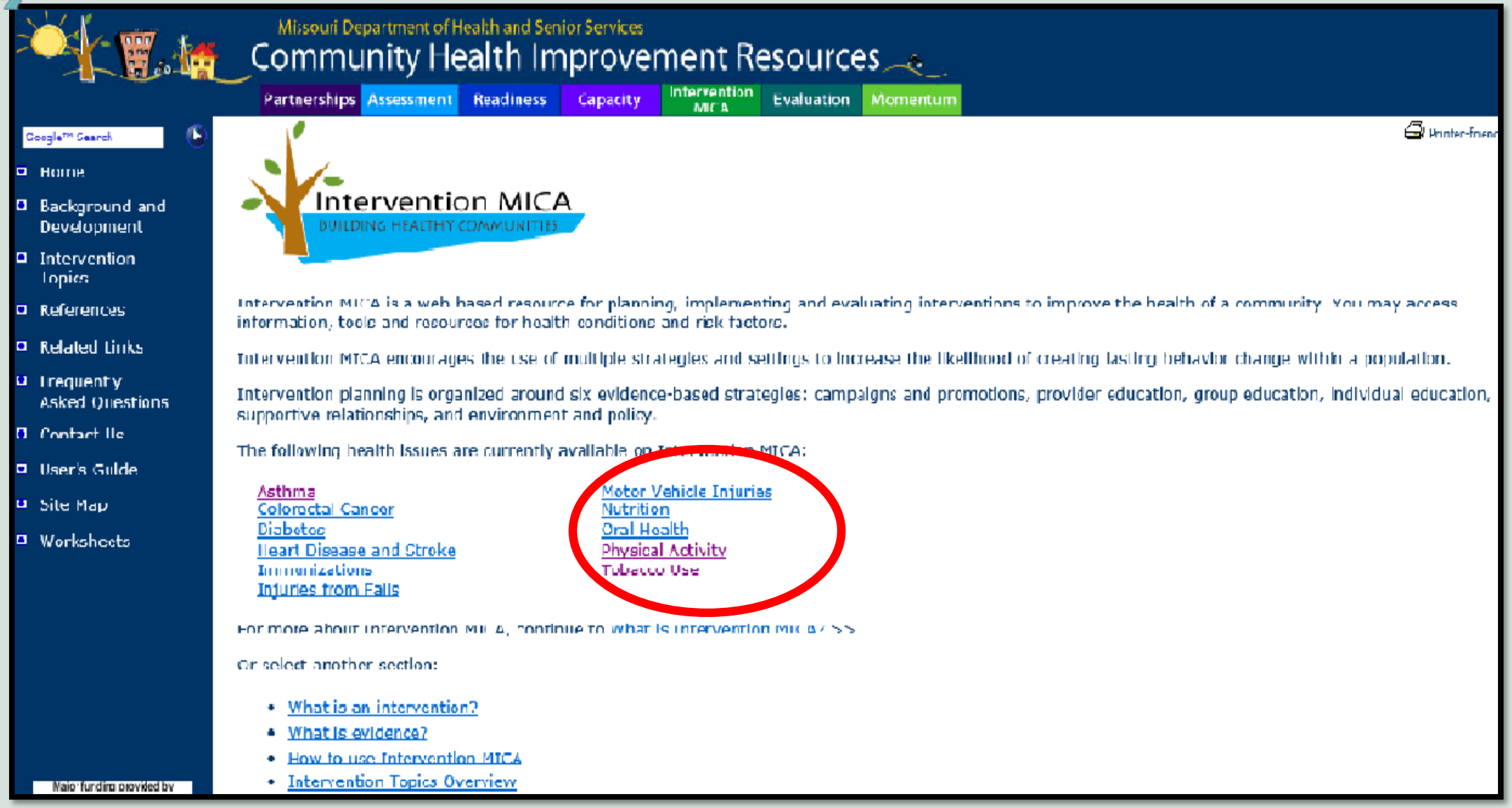
- Statistical data to support PHI focus
- Root causes and/or community contributing factors
- Discuss Social Determinants of Health in community
- Discuss Health Inequities in community
- Strengths/weaknesses/gaps in access to care
- Unique characteristics of the population
- Descriptive elements to tell the story behind the data

GOAL(S)

- Based on National/State/Local Outcome Measures
- Provides direction
- Clear focus on what is important
- Helps provide clarity in decision making
- Gives control
- Provides motivation
- Gives satisfaction and purpose

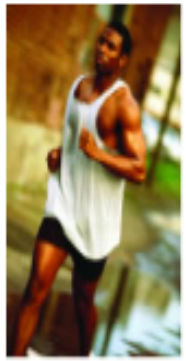
Evidence Based Strategies

- Show the “how” you will meet your goal
- Less specific than an action plan
- Give overall direction
- Make a difference to reach your goal
- Shown effective by research
- Address identified health inequities
- Address existing weakness/gaps in access to care


Missouri Department of Health and Senior Services
Community Health Improvement Resources
Partnerships
Assessment
Readiness
Capacity
Intervention MICA
Evaluation
Momentum
Google™ Search
Home
Background and Development
Intervention Topics
References
Related Links
Frequently Asked Questions
Contact Us
User's Guide
Site Map
Worksheets
Intervention MICA
BUILDING HEALTHY COMMUNITIES
Intervention MICA is a web based resource for planning, implementing and evaluating interventions to improve the health of a community. You may access information, tools and resources for health conditions and risk factors.
Intervention MICA encourages the use of multiple strategies and settings to increase the likelihood of creating lasting behavior change within a population.
Intervention planning is organized around six evidence-based strategies: campaigns and promotions, provider education, group education, individual education, supportive relationships, and environment and policy.
The following health issues are currently available on Intervention MICA:
Asthma
Colorectal Cancer
Diabetes
Heart Disease and Stroke
Immunizations
Injuries from Falls
Motor Vehicle Injuries
Nutrition
Oral Health
Physical Activity
Tobacco Use
For more about Intervention MICA, continue to What is Intervention MICA? >>
Or select another section:
What is an intervention?
What is evidence?
How to use Intervention MICA
Intervention Topics Overview

Physical Activity Intervention Strategies

Select a strategy



The physical activity intervention strategies are described separately below. Each of these strategies is most effective when it is combined with other strategies. For example, changing knowledge, attitudes, and beliefs will do little to increase physical activity if there are no places to go to be physically active. Similarly, changing knowledge, attitudes, and beliefs will not be as effective if there is not social support for engaging in physical activity.

As described in Readiness and Preparation, it is important to make sure that the intervention strategies are created to represent and address the needs of the Population. This may include paying attention to how different groups think about physical activity (e.g., preferences for different types of physical activity may exist for men and women or children and adults). Furthermore, an intervention works best when there is an attempt to address language, reading level, and cultural barriers (see Cultural Competence for more information).

Select one of the following intervention strategies	The purpose of your intervention is to change...			
	Behavior	Knowledge, attitudes, skills, and beliefs	Social support	Environments and policies
Campaigns & Promotions	C	E	E	C
Individual Education	E	E	I	I
Group Education	E	E	E	I
Supportive Relationships	E	E	E	I
Provider Education	E	E	E	I
Environment & Policies	E	I	I	E

E = evidence supports the effectiveness of this strategy
C = evidence supports use of this strategy in combination with other strategies
I = insufficient evidence to make a recommendation

Tools & Resources for Campaigns & Promotions

Children and Adolescents

The President's Challenge
http://www.presidentschallenge.org/
The President's Challenge is a national youth fitness program that encourages active lifestyles. Information is available for kids, adults, and seniors.

Centers for Disease Control and Prevention 'VERB Youth Media Campaign'
http://www.cdc.gov/youthcampaign/index.htm
VERB is a national campaign to encourage children to participate in physical activity regularly. VERB materials are available for viewing and download on the site.

CANFit
http://www.canfit.org/
The California Adolescent Nutrition and Fitness (CANFit) Program is a nutrition and physical activity promotion program for low-income African American, American Indian, Latino, Asian American, and Pacific Islander youth.

GoGirlGo!
http://www.womenssportsfoundation.org/en/home/programs/gogirlgo
Go Girl World is an interactive site for girls who participate in sports to communicate with each other and advocate for women in sports. Features include a message board, an action center, an advice column, and more.

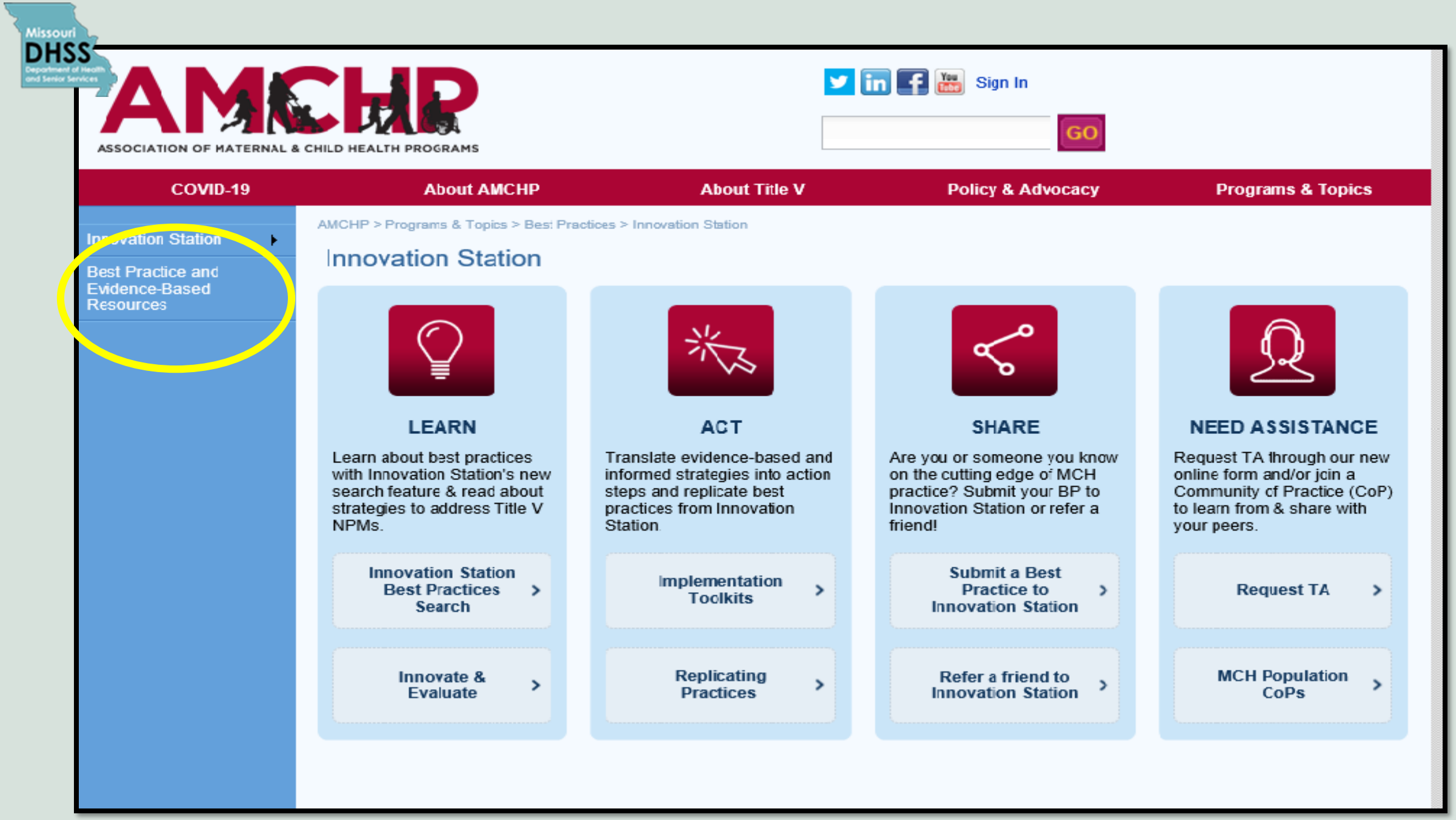
Project ACES
http://www.lensaunders.com/aces/aces.html
Project ACES (All Children Exercise Simultaneously) aims to educate children about the importance of lifelong fitness. Each May, millions of school children all over the globe exercise simultaneously in a symbolic gesture of fitness and unity.

Gender

Women

GoGirlGo!
http://www.womenssportsfoundation.org/en/home/programs/gogirlgo
Go Girl World is an interactive site for girls who participate in sports to communicate with each other and advocate for women in sports. Features include a message board, an action center, an advice column, and more.

Sisters Together – Program Guide
http://win.niddk.nih.gov/publications/SisPrmGuide2.pdf
Sisters Together is a physical fitness program for African American women. This 44-page PDF guide shows individuals how to begin a Sisters Together program in their community. Information includes how to get started, get support, and work with the media.


Missouri DHSS Department of Health and Senior Services
AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS
Sign In
GO
COVID-19
About AMCHP
About Title V
Policy & Advocacy
Programs & Topics
Innovation Station
Best Practice and Evidence-Based Resources
AMCHP > Programs & Topics > Best Practices > Innovation Station
Innovation Station
LEARN
Learn about best practices with Innovation Station's new search feature & read about strategies to address Title V NPMs.
Innovation Station Best Practices Search
Innovate & Evaluate
ACT
Translate evidence-based and informed strategies into action steps and replicate best practices from Innovation Station
Implementation Toolkits
Replicating Practices
SHARE
Are you or someone you know on the cutting edge of MCH practice? Submit your BP to Innovation Station or refer a friend!
Submit a Best Practice to Innovation Station
Refer a friend to Innovation Station
NEED ASSISTANCE
Request TA through our new online form and/or join a Community of Practice (CoP) to learn from & share with your peers.
Request TA
MCH Population CoPs

Best Practice and Evidence-Based Resources

MCH Information and Data

- **MCH Library** – provides accurate, timely information including the weekly newsletter MCH Alert, resource guides, full text publications, databases, and links to essential MCH resources.

Other Public Health Organizations with Best Practice/Evidence-Based Databases

- **Agency for Healthcare Research and Quality EBP Report Database** – the Evidence-Based Practice Centers (EPC) Program awards five-year contracts to institutions to serve as EPCs. Awardees review, assess, and report on clinical, behavioral, and organizational and financing topics within scientific literature.
- **Association of State and Territorial Dental Directors (ASTDD) Best Practices Project** – provides an online resource for best practice approaches in order to assist state and community oral health programs build promising practices in the context of their environment.
- **National Association of County and City Health Official's (NACCHO) Model Practice Database** – provides access to models and reviews of promising practices, with the ability to search by year, category, type and state.
- **Office of Adolescent Health (OAH)** – the OAH database provides HHS program models for best practices in teen pregnancy prevention and allows targeted searches by population, age, and more.
- **SAMHSA's National Registry of Evidence-based Programs and Practices** – an online registry of nearly 300 public health interventions committed to evidence-based practices. Participation and enrollment connects members to programs that best fit their communities and provides guidance in implementation.

Evidence-Based Public Health Resources

- **Association of State and Territorial Health Officials (ASTHO) Evidence-Based Public Health Resource Center** – is committed to sharing evidence-based practice in public health for more successful programs and policies, greater productivity and better outcomes.
- **The Campbell Collaboration** – this research network aids institutions and professionals in education, crime and justice, social welfare and international development through preparation and dissemination of systematic reviews.
- **Child Trends Lifecourse Interventions to Nurture Kids Successfully (LINKS) Synthesis** – an online resource based on experimentally evaluated programs under the topics of program population, program outcome and program approach.
- **Coalition for Evidence-Based Policy** – a nonprofit organization that closely reviews all program evaluations within all areas of social policy in order to assist officials in determining those that are most promising.

WORK PLAN

TEMPLATE

Spectrum of Prevention	System Outcomes by Sept. 30, 2026	Activities
Influence Policy and Legislation *Develop strategies to change laws and policies to influence outcomes in health, education, and justice*	*SMART Objectives with specific target outcomes (% or #).* **Evaluation Plan** • Outcome Measure • Method • Data Source	**FFY 2022:** **FFY 2023:** **FFY 2024:** **FFY 2025:** **FFY 2026:**
Change Organizational Practices *Adopt regulations and norms to improve health and safety and creating new models*	*SMART Objectives with specific target outcomes (% or #).* **Evaluation Plan** • Outcome Measure • Method • Data Source	**FFY 2022:** **FFY 2023:** **FFY 2024:** **FFY 2025:** **FFY 2026:**
Foster Coalitions and Networks	*SMART Objectives with specific target outcomes (% or #).*	**FFY 2022:** **FFY 2023:**

Spectrum of Prevention

Level of Spectrum	Definition
Influencing policy and legislation	Develop strategies to change laws and policies to influence outcomes
Changing organizational practices	Adopt regulations and shape norms to improve health and safety
Fostering coalitions and networks	Bring together groups and individuals for broader goals & greater impact
Educating providers	Inform providers who will transmit skills and knowledge to others
Promoting community education	Reach groups of people with information and resources to promote health & safety
Strengthening individual knowledge and skills	Enhance an individual's capability to prevent injury/illness & promote safety

System Outcome

- Reflect changes in the community system
- Include evidence of accomplishment
- At least one for each PHI in each level of the Spectrum
- Outcomes are NOT the volume of work accomplished
- SMART
  - **S** – Specific, Significant, Stretching
  - **M** – Measurable, Meaningful, Motivational
  - **A** – Agreed upon, Attainable, Achievable, Acceptable, Action-oriented
  - **R** – Realistic, Relevant, Reasonable, Rewarding, Results-oriented
  - **T** – Time-based, Time-bound, Timely, Tangible, Trackable

Activities

- Each level of the Spectrum
- Each year
- Leads to each System Outcome(s)
- Show progressive growth toward Outcome(s)
- Keep in mind your target audience
- Ask yourself “what do I need to DO to reach my outcome?
- Think outside the box

EVALUATION

COMPONENT

Evaluation

- Evaluation can help identify weaknesses in implementation
- Provides documentation of progress toward goals/effectiveness/desired outcomes
- Justification for continued funding
- Ensure effectiveness/efficient use of resources
- Increased demand for accountability from funders and to stakeholders
- ***It is one of the Ten Essential Public Health Services!***

Spectrum of Prevention	System Outcomes by Sept. 30, 2026	Activities
Influence Policy and Legislation *Develop strategies to change laws and policies to influence outcomes in health, education, and justice*	*SMART Objectives with specific target outcomes (% or #).* **Evaluation Plan** • Outcome Measure • Method • Data Source	**FFY 2022:** **FFY 2023:** **FFY 2024:** **FFY 2025:** **FFY 2026:**
Change Organizational Practices *Adopt regulations and norms to improve health and safety and creating new models*	*SMART Objectives with specific target outcomes (% or #).* **Evaluation Plan** • Outcome Measure • Method • Data Source	**FFY 2022:** **FFY 2023:** **FFY 2024:** **FFY 2025:** **FFY 2026:**
Foster Coalitions and Networks	*SMART Objectives with specific target outcomes (% or #).*	**FFY 2022:** **FFY 2023:**